



www.dlab.colostate.edu
Phone: 970-297-1281
Fax: 970-297-0320

General Sample Submission Form

FedEx/UPS/Drop Off Address: **CSU Veterinary Diagnostic Laboratory**
300 West Drake Road
Fort Collins, CO 80526

USPS Only Address: **CSU Veterinary Diagnostic Laboratory**
200 West Lake Street
1644 Campus Delivery
Fort Collins, CO 80523-1644

OFFICE USE ONLY

Print Form

Opened By: _____

DHL USPS FX Courier Other

Frozen Dry Ice Ice Pack RT Other Fixed

Sample Type(s): _____

Comments: _____

VTH USE ONLY (Patient Card Here)

Clinician/Resident: _____

Pager: _____ H-Account/Fund: _____

Veterinarian: Montana Fish, Wildlife and Parks
Clinic: Wildlife Health Lab
Address: 1400 S. 19th Avenue
City: Bozeman State: MT Zip: 59718
Phone: (406) 994-6358

Owner/Producer: _____
Business/Premise ID: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Person to be Billed: ☐ Veterinarian ☒ Owner/Producer

Report Results To: ☐ Veterinarian ☒ Owner/Producer

Send Results By: ☐ Fax: _____ ☐ Email: _____

☐ Phone: _____

☐ Avian (specify): _____ ☐ Bovine ☐ Camelid ☐ Canine ☐ Caprine
☐ Equine ☐ Feline ☐ Ovine ☐ Porcine ☐ Reptile/Amphibian (specify): _____
☒ Wildlife/Exotic (specify): _____ ☐ Other (specify): _____

Specimen(s)

☐ Whole Blood ☐ Serum ☐ Culture Plate Isolate ☐ Swab (specify): _____ ☐ Milk ☐ Urine ☐ Feces
☐ Semen ☐ Fetus ☐ Whole Body ☒ Tissue(s) (specify): Retropharyngeal Lymph Nodes
☐ Environmental (specify): _____ ☐ Other (specify): _____ ☐ Additives/Media Used: _____

ANIMAL IDENTIFICATION (if >3 samples, continue on Multiple Animal Submission Form)

Animal Name/ Number/ ID	Breed	Age	Sex	Collection Date

HISTORY (include clinical signs, differential diagnoses, antibiotic use, vaccine history, duration, number of animals affected, etc.) If more space is needed, please continue on and attach an additional page.

If sharing with MT FWP, please provide location of harvest (TRS, Lat/Long, or detailed description):

Please perform ELISA for CWD on tissue provided.

☐ **STAT -- Additional Charge, Contact Lab for Pricing**

Results Phoned/Faxed/Emailed Date _____ Initials _____